

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023189

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

444

FILED JUL 8 1963

VS 300
Rev. 4/59

8109

20109

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122-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY BOONE	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		c. CITY OR TOWN Columbia	
Length of stay in lb 12 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) UNIV. of MO. Medical Center		d. STREET ADDRESS (If outside, give location) 304 Lindell DR.	
3. NAME OF DECEASED (Type or print) First Sue Middle Potter Last GARDNER		4. DATE OF DEATH Month 6 Day 29 Year 63	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-30-11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Home	
11a. FATHER'S NAME J.E. Potter Sr.		11b. MOTHER'S MAIDEN NAME MABIE LEFTWICH	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of) no		12b. SOCIAL SECURITY NO. Univ. of Mo. Medical Record	
13. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intraventricular hemorrhage DUE TO (b) Aneurysm, ruptured, internal Carotid artery DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH 1 day	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. 		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Columbia	
20g. COUNTY Boone		20h. STATE Missouri	
21. I attended the deceased from June 17, 63 to June 29, 63 and last saw her alive on June 29, 1963 Death occurred at 12:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Samuel P.W. Black, M.D.		22b. ADDRESS University of Missouri Med. Cen.	
22c. DATE SIGNED 6/29/63		22d. LOCATION (City, town, or county) St. Louis Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation		23b. DATE 7-1-1963	
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) St. Louis Missouri	
24. FUNERAL DIRECTOR Lyman Sprinkle, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. June 30 '63	
26. REGISTRAR'S SIGNATURE Mrs RE Palmer			

JUL 10 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by David Duffy, Student Embalmer No. 680
working under my personal supervision.

Student

David Duffy
Signature of Student Embalmer

Signed

Lyman Sprinkle

Licensed Embalmer No. 4013

P. O. Address

Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.